# DCU Summer Scholars 2018 Summer Programme (2-week) Application Form

## For Secondary School Students (12-17 years)

## **Application Deadlines**

Early Application Deadline Financial Aid Deadline Normal Application Deadline Balance of Fees Deadline Friday, 26<sup>th</sup> January 2018 Friday, 23<sup>rd</sup> March 2018 Friday, 6<sup>th</sup> April 2018 Friday, 11<sup>th</sup> May 2018

## Post your application to:

Summer Scholars Programme, CTY Ireland, Dublin City University, Dublin 9.

# **Application Information**

#### **Complete all parts of the Application Booklet**

All parts of the booklet must be completed. Application fees will be processed immediately. Medical Forms will be included in acceptance packs and should be signed and returned promptly.

#### **Application & Fee Deadlines**

Early Application Deadline Financial Aid Deadline Normal Application Deadline Balance of Fees Deadline Friday, 26<sup>th</sup> January 2018 Friday, 23rd March 2018 Friday, 6<sup>th</sup> April 2018 Friday, 11<sup>th</sup> May 2018

#### Avoiding delays in the application process

Applications will not be processed unless full information is provided. An incomplete application slows down the application process and causes unnecessary confusion and delay. Please review your application carefully before posting it as incomplete applications will be returned.

The following items cause delay in the application process:

**Missing signatures:** Both the student's signature and a parent/guardian's signature are required on the application form.

**Fee not enclosed:** The application fee (which includes the €100 registration fee) is required as part of the application.

#### **Requests for Receipts**

If you wish to receive a receipt for payment of fees, please enclose a **STAMPED ADDRESSED ENVELOPE.** Receipts are only prepared when the full fees are received.

## **2018 Summer Scholars Application Form**

PLEASE TYPE OR PRINT LEGIBLY IN INK. BE SURE TO COMPLETE ALL INFORMATION

Student Information						
CTYI Student No	(as p	er mailir	ng envelop	e)		
Full Name Last Name		Firs	t Name			M.I.
Date of Birth:// Day Month Ye		nder:	M/F,	/ Other		
Home Address:						
Home Tel #						
Student Email						
School Name & Address						
Parent/Guardian Informatio						
Last Name		st Name				
Address (if different)						-
Home #	Mobile #			Work #		
Email Address	Pla	ace of Emp	oloyment & (	County		_
Mother						
Last Name	Fir	st Name				
Address (if different)						
Home #	Mobile #			Work #		
Email Address				Place of Ei	mployment &	& County
Custodial Parent						
Who is the custodial parent of student? (Circle your response)	Office Use	Date Rec	Payment by	Amount	Auth Code	Batch Date
	Application		1			

Both Parents Mother Father Dther Balance

## **Special Needs**

Does your child have any special ed	ucational needs?	(Please circle as appropriate)	
Dyslexia Dyspraxia	Dyscalculia	ADHD	
Asperger's Syndrome ODD			
Other (please specify)			
		N	
Does your child have an SNA at scho	ool? Yes /	No	
If there is any further information th	at will assist your o	bild in the classroom, please indic	ato

If there is any further information that will assist your child in the classroom, please indicate here.

## **Previous Participation at CTYI**

Please tick all programmes that you participated in previously.

CTYI Young Student Programme for	CTYI Older Student Programme for	
6-13 year olds	12-17 year olds	
CAT Young Student Programme 6-13	CAT Older Student Programme for 12-17	
year olds	year olds	
	DCU Summer Scholars	

Previous Course Title (most recent)	Programme	Year

## **Course Request**

Indicate your chosen courses in order of preference (1 = 1st preference, etc.). Your choices may include a number of different courses. **COURSES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS.** 

Summer Scholars 2018 24 <sup>th</sup> June – 5 <sup>th</sup> July	
Course	Choice #
Computer Gaming	
Engineering	
Law	
Medicine	
Novel Writing	
Sports Science	
Veterinary Science	

I understand that the course choices made above are my own, and I am willing to accept

preference choices if allocated to me.

Student Initial \_\_\_\_\_ (required)

#### **Student Signature**

THIS STATEMENT MUST BE READ CAREFULLY, THEN SIGNED AND DATED BY APPLICANT. I have read the materials describing the 2018 Summer Scholars Programme.

If accepted, I will follow the guidelines and rules established for all aspects of the programme. I realise that if I do not, I may be required to leave the programme without refund, and that furthermore, this may result in my not attending Summer Scholars classes in the future.

I will complete all tests and surveys that CTYI deems necessary in evaluating programme effectiveness.

Signature of Applicant (student)

Date

#### **Signatures of Parents/Guardians**

## THIS STATEMENT MUST BE READ CAREFULLY, THEN SIGNED AND DATED BY APPLICANT'S PARENTS OR LEGAL GUARDIANS:

I have read the materials describing the 2018 Summer Scholars Programme, including the preceding statement signed by my child, and I approve of my child's application for admission.

I have enclosed the registration fee. I understand that the initial deposit will not be refunded unless the course is cancelled or if CTYI are unable to place my child on any of his or her choices, if I have applied for financial aid but there is insufficient financial assistance available, or if my child has documented medical reasons. Tuition fees may be refunded on a prorated basis only for serious non-academic reasons, such as the applicant's withdrawal for certified medical conditions. I understand that once the course has been accepted by me the fees are non-refundable. I understand that the balance of this account is my responsibility and that all student fees must be paid by due dates. All fees must be paid in full before my child arrives on campus. Student registrations may be withdrawn for accounts with unpaid balances. I am responsible for any medical costs incurred by my child while enrolled in the Programme. I understand that I am responsible for any loss, damage or injury sustained by third parties as a result of the willful activities or negligence of my child and that I will also be responsible for the cost of repairing or replacing any property that my child damages at the site. I am responsible for any incidental expenses which are not covered by fees.

I give permission for my child to participate in Summer Scholars sponsored (and supervised) field trips.

I realise that CTYI reserves the right to ask the student to leave the programme for medical, disciplinary or other reasons. If asked to leave for disciplinary reasons we understand that tuition fees will not be refunded and that the student may not be allowed to attend future CTYI summer programmes.

- [ ] I give permission for my child to be videotaped, photographed, interviewed, and/or have a sample of his or her work published. I understand that CTYI will exercise discretion regarding media contact.
- [ ] In addition, I agree to permit my child to complete all tests and surveys that CTYI deems necessary in evaluating programme effectiveness.

I designate the person named below to act on my behalf and to receive my child if I cannot be contacted in case of a breach of rules, expulsion or emergency.

I designate the person named below to act on my behalf and to receive my child if I cannot be contacted in case of a breach of rules, expulsion or emergency.

Name of Designated Person	Contact Phone #	Contact Phone #
Address		
Signature of Mother (or Legal Guardian)	Signature of Father (	or Legal Guardian)

Date

APPLICATIONS WITHOUT PARENTAL AND STUDENT SIGNATURE ARE INVALID

## **Commuter Fee Information**

## **Session Cost**

## €500\*\*

Fees include registration and tuition only. Books if required for a particular course are included in this fee.

## **Financial Aid**

Students wishing to apply for financial aid should contact Orla Dunne on 01 700 7051 before sending in their application. Please note that €100 must be included when submitting a student application form.

We can only accept the registration fee by debit/credit card. Applications for financial aid must be received by 23rd March 2018.

## **Payment Deadlines**

Upon Application	€300 must be enclosed with your application.		
	Early application deadline**	: Friday, 26 <sup>th</sup> January 2018	
	Application deadline:	Friday, 6 <sup>th</sup> April 2018	
Balance of Fees	€200 must be paid by Friday	, 11 <sup>th</sup> May 2018.	

Students will not be permitted to attend the Summer Programme until all fees have been paid.

\*\* Applications paid in full and received before the Early Application Deadline ( $26^{th}$  January 2018) are eligible for a fee reduction of  $\notin$ 50. If availing of the early application deadline (by paying the full amount), then the total fee is  $\notin$ 450.

## **Commuter Application Fee Payment Form**

Student Name

Date of Birth

Student Number

A minimum amount of **€300** is required upon application. Full payment may be paid at this time also. Don't forget that applications paid in full and received before Friday, 26<sup>th</sup> January 2018, get a €50 discount.

edit & Debit C	ard Paym	ent		
ease charge my:	Visa	MasterCard	Laser	(please circle)
Name of Card	d Holder <i>(plea</i>	ase print)		
Credit/Debit	 Card Numbe	 r		
Card Expiry D	ate	Amount to be charge	ed	
Signature of (	Cardholder			

#### Cheque, Bank Draft or Postal Order Payment

Please make cheques payable to "<u>CTYI</u>" and cross with words <u>Account Payee Only</u>. Write **Student's Name on the back of the cheque.** If paying by this method, please attach this form to the application form. Use the balance of fees form when sending in the remainder.

#### Donations CTYI Access

CTYI has a limited budget to provide financial assistance to students who find it difficult to cover the cost of attending our programmes. If you think you may be able to donate money to this great cause please tick one of the boxes below. If you are paying by cheque please make one payment with the total amount including your fees and if paying by credit card please indicate the total amount that you authorise to take off the card

€10 €20 €30 €50 €100 €\_\_\_other

If you are making an additional donation, please include in the Amount line above.

## **Commuter Balance of Fees Payment Form**

Student Name		Date of Birth	Stud	dent Number
The balance of fees is $\epsilon$	200.			
Credit & Debit Ca	ard Paym	ent		
Please charge my:	Visa	MasterCard	Laser	(please circle)
Name of Card	Holder (plea	ase print)		
Credit/Debit C	 Card Number	 r		
Card Expiry Da	ate	Amount to be cha	arged	
Signature of C	ardholder		Date to be Process	ed

#### Cheque, Bank Draft or Postal Order Payment

Please make cheques payable to "<u>CTYI</u>" and cross with words <u>Account Payee Only</u>. Write **Student's Name on the back of the cheque.** If paying by this method, please attach this form to the cheque/bank draft/Postal Order.

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